

REQUEST FOR VOLUNTARY SURRENDER OF IDAHO LICENSE
FOR REASONS OF RETIREMENT

Name: _____ License Number/NPN: _____

Please process my request to Voluntarily Surrender my insurance license from the State of Idaho, effective: _____. Please send confirmation to:

Email address: _____

In the event of any questions regarding this request, please provide a phone number.

Phone: _____

Please Initial that you have read and agree to each statement below:

_____ I have read and understand the recommendation to allow my license to lapse and agree to the terms of a voluntary surrender. The terms include: my expiration date becomes the date of my voluntary surrender and should I wish to reactivate my license within 365 days past that date, I will be required to pay a reinstatement fee to reactivate.

_____ I am the person holding/responsible for the license number referenced above, issued by the Idaho Department of Insurance, and guarantee not to circulate or represent that this is a valid, active license. I hereby declare that I consider said license to be void and of no effect.

Dated this _____ day of _____, _____.

Signed: _____
Signature of Licensee

STATE OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN to before me this _____ day
of _____, _____.

Notary Public

My Commission Expires _____

Please fax this completed form to **208-334-4398** or email to agent@doi.idaho.gov for processing.